



Recertification Checklist for Program, Clinic, School and Center

PLEASE READ CAREFULLY, AS THE APPLICATION HAS BEEN RECENTLY REVISED

Step 1 - All applicants, including partners and/or corporate officers:

- ☐ Sign the Statement of Completion at the bottom of this page and include with the application.
- ☐ Complete Sections 2 and 3 of the application. You may photocopy these sections accordingly.
- ☐ Submit a notarized Consent for Background Investigation. You may photocopy this form as necessary. (Form # RC-900)
- ☐ If you have been licensed in a state (or states) other than Georgia in the past five (5) years, you must obtain and submit a Motor Vehicle Report (MVR) from each state in which you were licensed. *Driver training school owners are not required to submit MVR's.*
- ☐ Submit one (1) photograph taken within 30 days of application submission.
- ☐ Submit a copy of the continuation certificate for the surety bond currently on file.
- ☐ Submit a list of all instructors associated with the program.
- ☐ Submit a copy of student contracts used by the program.

Step 2 - Submit additional documents below, depending upon type of certification held:

DUI Alcohol or Drug Use Risk Reduction Program Recertification

- ☐ Submit a list of director(s) associated with the program.

Driver Improvement Clinic Recertification

- ☐ Submit a renewal application fee of \$100.00, in the form of a money order, certified check, or cashier's check, made payable to the Georgia Department of Driver Services.
- ☐ Submit a current copy of the clinic certificate from an approved curriculum provider. (ASC, DEOG, GARDE, NSC, USA)

Driver Training School Recertification

- ☐ Submit a renewal application fee of \$25.00, in the form of a money order, certified check, or cashier's check, made payable to the Georgia Department of Driver Services.
- ☐ If applicable, submit a list of vehicles to be used by the school.

Ignition Interlock Provider Center Recertification

- ☐ Submit a renewal application fee of \$100.00, in the form of a money order, certified check, or cashier's check, made payable to the Georgia Department of Driver Services.
- ☐ Submit a current signed agreement with an approved manufacturer, signed by both parties within the past year. Agreement should include which device(s) the provider center is authorized to install, monitor and uninstall.

Third Party Tester Recertification

- ☐ Submit a signed Third Party Testing Agreement. (Form # RC-TPT-300)

STATEMENT OF COMPLETION

I hereby certify that this application includes all documents and fees which are required to be attached, for the approval as outlined above. I understand that an incomplete application or application lacking the necessary paperwork will result in my application not being processed and may result in fees being forfeited.

Printed Name

Legal Signature

Date

Please submit application, fees and all supporting documents to:

**Georgia Department of Driver Services
Attn: Regulatory Compliance Division
2206 East View Parkway
Conyers, Georgia 30013**

An application drop box is also available at the entrance of the Conyers Customer Service Center.



Program, Clinic, School, or Provider Center Recertification Application

SECTION 1: Program/Clinic/School/Provider Center Information

<input type="checkbox"/> DUI Program	<input type="checkbox"/> Driver Improvement Clinic	<input type="checkbox"/> Driver Training School	<input type="checkbox"/> Ignition Interlock Center	<input type="checkbox"/> Third Party
Cert. # _____	Cert. # _____	Cert. # _____	Cert. # _____	Cert. # _____
Exp. Date _____	Exp. Date _____	Exp. Date _____	Exp. Date _____	Exp. Date _____

Full Legal Name of Program, Clinic, School or Provider Center

Trade Name/DBA, if applicable

Physical Address	City	County	State	Zip Code
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Mailing Address	<input type="checkbox"/> Same as above	City	County	State	Zip Code
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Classroom Address	<input type="checkbox"/> Same as physical	City	County	State	Zip Code
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Program Telephone Number

Program Facsimile Number

Program Email Address

Program Website

Contact Name	Title	Phone Number	Email Address	<input type="checkbox"/> Same as above
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☐ I would prefer all correspondence be mailed to the mailing address above.
Unless the box is checked, all correspondence will be emailed to the email address provided.

1.1 List the full name of all owner, partners, officers or controlling stockholders.

Name	Title/Position	Interest Held

1.2 Has there been a change in ownership, partners, or the corporation of the entity originally certified by the Department of Driver Services?

☐ Yes ☐ No

1.2.1 If you answered "Yes" to question 1.2, provide details of the change: _____



SECTION 2: Applicant Information

Last Name	First Name	Middle Name	Suffix	Title/Position
Date of Birth	Driver's License #	State of Issuance	Social Security #	
Mailing Address	City	County	State	Zip Code
Primary Phone Number	Secondary Phone Number		Email address	

- 2.1** Are you or your spouse, dependent child, dependent stepchild, or dependent adopted child that is currently employed with the Georgia Department of Driver Services, Georgia Department of Public Safety, or Georgia Department of Human Resources?
☐ Yes ☐ No
- 2.2** Are you or your spouse currently employed as a judge, public or private probation officer, public or private probation employee or agent, bail bondsman, employee or agent of a bonding company, law enforcement or peace officer, or employee of a court in this or any other state?
☐ Yes ☐ No
- 2.3** Do you own, manage, or operate a private company that has contracted to provide probation services for misdemeanor cases in this or any other state?
☐ Yes ☐ No
- 2.4** If you answered "Yes" to any of the questions above, give specific information detailing the company, agency, and job title.
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- 2.5** Are you a United States citizen?
☐ Yes ☐ No
- 2.5.1** If you answered "No" to question 2.5, are you legally present in the United States?
☐ Yes ☐ No

SECTION 3: Applicant Affirmation

Under penalty of law, I do hereby swear or affirm that all the information that I have provided herein is complete and accurate.

Furthermore, I will maintain the confidentiality of all program records. Records shall be confidential and shall not be released without the written consent of the student, except that such records shall be made available to DDS upon request.

I will maintain all reports and information as specified in the DDS rules and regulations and operations guidelines.

I hereby authorize the release to DDS of any information necessary for the determination of my application for program certification. I understand that this information will be used only for the purpose of processing my application. Photocopies of this authorization will be valid for the purpose of obtaining requested information.

I understand that to knowingly make a false statement or conceal a material fact in this application will result in the denial of my application, the cancellation of my certification (if applicable), and criminal charges being brought against me.

Legal Signature	Date
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Sworn to and subscribed before me

this ____ day of _____ 20____.

(SEAL)

Georgia Department of Driver Services
Regulatory Compliance Division, 2206 East View Parkway, Conyers, GA 30013

CONSENT FOR BACKGROUND INVESTIGATION

OFFICE USE ONLY FILE NUMBER:	OFFICE USE ONLY DATE APPLICATION RECEIVED:	OFFICE USE ONLY BACKGROUND <input type="checkbox"/> DRIVER'S HIST P F <input type="checkbox"/> CRIMINAL HIST P F	OFFICE USE ONLY
OFFICE USE ONLY			

APPLICANT TYPE: (OFFICE USE ONLY)

<input type="checkbox"/> DUI Risk Reduction	<input type="checkbox"/> Owner	<input type="checkbox"/> Director	<input type="checkbox"/> Instructor
<input type="checkbox"/> Driver Improvement	<input type="checkbox"/> Owner	<input type="checkbox"/> Instructor	
<input type="checkbox"/> Driver Training	<input type="checkbox"/> Owner	<input type="checkbox"/> Instructor	
<input type="checkbox"/> Third Party	<input type="checkbox"/> Tester	<input type="checkbox"/> Examiner	
<input type="checkbox"/> Ignition Interlock	<input type="checkbox"/> Owner/Operator		
<input type="checkbox"/> Chauffeur			

Last Name	First Name	Middle	Date of Birth (MM/DD/YYYY) / /
Driver's License Number (Include ALL zeros)	Issue date (Exam date)	State	Social Security Number
Current Street Address		City and State	Zip Code
Do you hold any other driver's license(s)? Yes No	If so, list state(s) and license number(s)		Phone Number
Company			Phone Number
Address		City and State	Zip Code

Have you been convicted of, plead guilty to, plead nolo contendere to, served time, or been on probation or parole for any crime whether felony or misdemeanor, in this state, in any other state, or in the federal system?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a charge(s) or court hearing pending, or are you under indictment or accusation for any crime?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are now charged, under indictment, or have court hearings pending for any charges, give details below:			

I hereby apply for Certification(s) to be issued by the Regulatory Compliance Division of the Department of Driver Services (DDS). I understand that my criminal history, driver's history, and legal presence will be checked. I hereby give consent for the DDS to conduct whatever investigations necessary to determine my eligibility to hold such a certificate. I understand that false, misleading, or incomplete information in my application or on this Consent Form may result in certificate denial, cancellation, suspension, or revocation, as well as possible criminal prosecution and civil action. Under penalty of perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith, are complete, true and correct.

Signature

Date

THIS CONSENT FORM MUST BE NOTARIZED

Subscribed to and sworn before me:

SEAL OR STAMP

Notary Signature

Date

My commission expires: